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APPLICANTS

Naoto Moriyama, Tokyo, JAPAN;

** CONTINUING DATA ***** *Nao* *JSL*** FOREIGN APPLICATIONS ***** *✓* *JSL*

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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 7	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>JK</i> Initials <i>JK</i>				

ADDRESS

CANTOR COLLBURN LLP
 55 Griffin Road South
 Bloomfield, CT06002

TITLE

Medical image terminal device, medical image radiographing system, display control method and program

FILING FEE RECEIVED 856	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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